Division of Health Care Facilities (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: 01 - MAIN BUILDING 01 B. WING TN4702 05/12/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **5837 LYONS VIEW PIKE** BRAKEBILL NURSING HOME INC. KNOXVILLE, TN 37919 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5)(X4) ID COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) DATE CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) N 831 1200-8-6-.08 (1) Building Standards N 831 It is the practice of this facility to construct, arrange and maintain the condition of the physical plant and the overall nursing home environment in such a manner that (1) A nursing home shall construct, arrange, and the safety and well-being of the residents are assured. maintain the condition of the physical plant and the overall nursing home environment in such a The Maintenance Director or designee arranged the manner that the safety and well-being of the double convection oven on the baker's side and the oven on the cook's side in such a manner that they were fully residents are assured. 5/12/14 under the hood. The Maintenance Director or designee reviewed and assessed the remaining units in the kitchen to assure that they are arranged in such a way that the entire unit is 5/12/14 under the hood. This Rule is not met as evidenced by: Based on observation, it was determined that the The Maintenance Director or designee visibly marked facility failed to provide cooking equipment under the floor in an appropriate and permanent fashion with squares to denote where the feet or supporting the hood. attachments should be placed inside and therefore maintaining arrangement under the hood. 5/16/14 The findings include: The Dietary manager or designee will make daily Observation on May 12, 2014 at 7:20 a.m. inspections to assure that appropriate units are within the visible lines and therefore under the hood. Negative revealed the double convection oven on the findings will be reported to the Director of Maintenance baker's side has been moved to where the or designee immediately and monthly to the Quality 5/19/14 convection oven is not fully under the hood. The Improvement committee. cook side, the oven has been moved to where the front of the oven not fully under the hood. This finding was verified by the maintenance director and acknowledged by the director of nursing on May 12, 2014. 2006 International Mechanical Code 507.12 It is the practice of this facility to conduct drills as N1410 N1410 1200-8-6-.14(2)(a)5.(ii) Disaster Preparedness required and in a timely manner, including the earthquake drill. (2) Physical Facility and Community Emergency The Maintenance Director or designee conducted an Plans. earthquake drill covering the required assignments and 6/6/14 procedures with facility staff. (a) Physical Facility (Internal Situations). The carthquake drill was placed in the annual schedule of the facility and will take place prior to March each 5. Each of the following disaster preparedness year and reviewed when appropriate by the Quality plans shall be conducted annually prior to the 5/19/14 Improvement committee. month listed in the plan. Drills are for the

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

(1=M. X)usta

ADMINIST RATOR

If continuation sheet 1 of

Division of Health Care Facilities STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION COMPLETED IDENTIFICATION NUMBER: A. BUILDING: 01 - MAIN BUILDING 01 8. WING TN4702 05/12/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5837 LYONS VIEW PIKE BRAKEBILL NURSING HOME INC. KNOXVILLE, TN 37919 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) N1410 Continued From page 1 N1410 purpose of educating staff, resource determination, testing personnel safety provisions and communications with other facilities and community agencies. Records which document and evaluate these drills must be maintained for at least three (3) years. (ii) External disaster procedures plan (for tornado, flood, earthquake), to be exercised prior to March, shall include: (i) Staff duties by department and job assignment; and, Evacuation procedures. This Rule is not met as evidenced by: Based on record review and interview, it was determined that the facility failed to conduct required disaster drills prior to March. The findings include: Record review and interview with the director of nursing on May 12, 2014 at 12:30 p.m. revealed no earthquake drill has been conducted prior to March for the 2013 or 2014 year. This finding was verified by the maintenance director and acknowledged by the director of nursing on May 12, 2014.

Division of Health Care Facilities STATE FORM